

Enter Today!

1. Check the Race you are entering

(No refunds or transfers- one runner per application)

5K Run/Walk 10K Run

2. Shirt Size

S M L XL Youth M

3. Name & Address

Name _____

Age _____ Sex M F Phone _____

Address _____

City _____ State _____ Zip _____

E-mail _____

4. Terms of Participation

(1) I understand that I must be medically sound and properly trained to enter this race and I agree to abide by any decision of any race official relative to my ability to safely complete the run.

(2) I understand that running a race is a potentially hazardous activity and I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions.

(3) I hereby grant permission to the Elkton Butterfly Run and its sponsors to use any photographs, motion pictures, recordings or any record of this event for legitimate purposes. I agree to abide by the rules of this race as stated in all official race information.

(4) I understand that **Elkton Community Education Center** assumes no responsibility or liability with respect to my participation in this event.

(5) Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, myself and anyone entitled to action on my behalf, do hereby release and discharge **Elkton Community Education Center**, the City of Elkton, and all sponsors, representatives (including event volunteers), and employees of any of them, from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature _____ Date _____

Parents— please sign this waiver for entrants under 18 years of age.

Enter Today!

(Application starts on other side!)

5. Complete, sign and return the above portion with check, money order (US Funds Only) or credit card with proper fee.

For Payment by Credit Card (Visa or Master Card):

Credit Card # _____

Exp. Date _____

Make Checks Payable to
ECEC Butterfly Run and mail to:

ECEC Butterfly Run

P. O. Box 684

Elkton, OR 97436

Phone: 541-584-2464

Entry Fee \$ _____

Additional Donation

\$ _____

100% to the ECEC nonprofit organization

Total Fee Paid \$ _____

Presented By ECEC

